**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	TION		
i Oitim i	(See instructions	3)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
Agricultural Re	etailers Association Political Action	on Committe		
سسسسا				
ADDRESS (number and s	treet) 1156 15th Street, NW	Suite 302		
(Check if address is changed)			11111	
	Washington		DC	20005   _   _   _
	(	CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-m	ail address)		
(Check if address is changed)	jack@aradc.org			
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C00264770		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my know	ledge and belief it is true, correct an	nd complete	
Torres Dial Name of	reasurer Jack Eberspacher			
Type or Print Name of	reasurer			
Signature of Treasurer	Electronically Filed by Jack Ebers	pacher	Date 03	17 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may s	subject the person signing this State		
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)